State of Wisconsin Department of Natural Resources PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

## **Municipal Flood Control Grant Application**

Form 8700-291 (R 4/04)

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## **Eligibility Screening Checklist**

**Instructions:** Complete this checklist before applying for grant funding under s. 281.665, Wis. Stats., and ch. NR 199, Wis. Adm. Code. The Checklist will help you to determine whether or not your project is eligible for funding under the Municipal Flood Control Grant program.

- 1. Complete questions 1 through 3 of "Section I: Project Screening Information." Proceed to question 4 only if the project passes the eligibility criteria established in questions 1 through 3.
- 2. If you decide to submit an application for funding, include this completed Eligibility Screening Checklist with other required application materials.

Applicant Name	Project Title							
Section I: Project Screening Information - Select one box for each question								
Yes No 1. Does the project increase runoff or raise flood elevations upstream or downstream?								
Yes No 2. Does the project channelize a		•						
Yes No 3. Does the project line a waterbo	•	materials?						
If YES to 1, 2 or 3 above, the project is ineligible	e for Municipal Flo	od Control fundi	ng. Stop here.					
Yes No No A. Does the project provide	de flood protection	to the 100-year flo	od elevation or grea	ater?				
Yes No No S. If NO to # 4, can the p	roject be modified to	o provide that leve	el of protection?					
Yes No No 6. Does the project include	de historic structure	s or archaeologica	al sites?					
Yes No No 7. If YES to # 6, does the	project protect the	se structures or si	tes?					
Yes No No 8. Is the applicant in good	d standing in the Na	ational Flood Insur	ance program?					
Yes No No 9. Does the project prote environments?	$Y_{\text{es}} \square_{\text{No}} \square_{\text{N/A}}$ 9. Does the project protect the natural and beneficial functions of aquatic and riparian							
Yes No N/A 10. Is this project consiste If NO, explain in your s		atershed and other	r resource manager	ment plans?				
Yes No No 11. Does the project provide	de adequate opport	unity for public ac	cess and use of the	waterbody?				
	Yes No No N/A 12. If NO to # 11, are there compelling health or safety concerns related to public access?  Explain in your submittal.							
Yes No No 13. Has the applicant held project?								
Yes No No N/A 14. Is there public opposition to this project? If YES, describe the type and nature of the opposition in your submittal.								
Yes No No N/A 15. Will the applicant follow Best Management Practices in all phases of the project?								
Section II: Other Funding Sources								
Yes No 16. Has the applicant applied to other financial and technical assistance programs for this project?								
If YES, list all programs and funding amounts requested and received:								
Program Name Funds Requested Date Requested Funds Received Date Received								

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**Notice:** Use of this form is required by the DNR for any application filed pursuant to s. 281.665, Wis. Stats., and ch. NR 199, Wis. Adm. Code. Personally identifiable information collected on this form will be used for grant administration purposes and is not intended to be used for any other purpose. Information will also be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

Applications must be considered complete by the Department in order to be processed.

		DNR U	Jse Onl	y – Ran	king & Scor	ing		
Project Region	Regional Floodp	olain Reviewe	r Name				Telephone	e Number (include area code)
Application Score	•	Grant Ro	equest T	ype:	Acquisitio	n & Develo	pment	Local Assistance Grant
GMU Leader / Basin Leader Acc	ceptance of Proje	ct: Yes		lo Reas	son:			
Applicant Information								
Applicant Name							County	
Authorized Representative Nan	ne		Title					Telephone Number (include area code)
Grant Project Manager Name			Title					Telephone Number (include area code)
Street Address			1			E-M	lail Addres	ess .
City			State W		Code	Fax	Number (	include area code)
Type of Eligible Applicant:  Consulting Firm or Contractor, i		illage	Town	∭ M€	etropolitan Sev	werage Dist	rict as def	fined in ch. NR 200, Wis. Adm. Code
Consulting Contact Person Nar	me		Title					Telephone Number (include area code)
Street Address						E-M	lail Addres	as s
City			State	ZIP	Code	Fax	Number (	include area code)
Project Information			•	<u> </u>				
Project Title							Time Fran	ne: Date From Date To
Grant Request Type: (see Muni Guide for	icipal Flood Contr detailed requirem		art 4: App	lication	Acqu	uisition & De	evelopme	nt Local Assistance Grant
Project Location Description Sur Management Plan.	mmary, e.g., nam	es of streets, r	number o	f blocks, o	or parcels of la	nd. NOTE: I	Detailed p	roject map required as part of Property
Legal Description: Provide Public	c Land Survey Co	oordinates						FEMA Floodplain Map Panel Numbe
County	Range	E/W Towns	ship S	Section	Quarter	Quarter	'Quarter	
Flood Elevation / Ground Eleva	tion Information	L	- 1		l	<u> </u>		Datum (select one)
								NGVD29 NAVD88

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Date Signed

Acq	uisition	and	Develo	pment	Eligible	Cost	<b>Estimate</b>	Summary

Name of Authorized Representative (print or type)

The costs listed in this section must be		

The	costs listed in this section must be incurred during the grant pe	riod in order to be eligib	le for reimbursement or	to count as local match.					
	Eligible Cost as Described in NR 199	A 70% Grant Request	B 30% Local Share	A + B = C Total Cost					
1.	DNR determined fair market value of property								
2.	Cost of appraisals								
3.	Land surveys								
4.	Tenant relocation payments								
5.	Title evidence								
6.	Recording fees								
7.	Historical and cultural assessments required by DNR								
8.	Environmental inspections								
9.	Structure removal cost								
10.	Construction of flood control structure								
11.	Riparian restoration of flood control project								
	Engineering or planning fees for project (inc. previously incurred)								
13.	Structural floodproofing and elevation cost								
	Totals	\$	\$	\$					
Loc	al Assistance Eligible Cost Estimate Summary		•						
Cos	ts listed in this section must be incurred during the grant period	in order to be eligible fo	r reimbursement or to o	count as local match.					
	Eligible Cost as Described in NR 199	A 70% Grant Request	B 30% Local Share	A + B = C Total Cost					
1.	Labor								
2.	Laboratory analysis								
3.	Surveys								
4.	Publications								
5.	Mailings								
6.	Professional service contracts								
7.	Development activities and similar items								
8.	Engineering or planning fees								
9.	Materials								
10.	Supplies								
11.	Equipment								
12.	Leased equipment								
13.	Leased facilities								
	Totals	\$	\$	\$					
App	lication Checklist (Send original and two copies to the Gra	ant Program Manager)		•					
See	See Municipal Flood Control Grants – Part 4: Application Guide for detailed requirements:								
_	Application Form 8700-291 (3 pages)								
	Project Evaluation								
	Resolution								
	Environmental Hazards Assessment 1800-001 (Completed Page 1 & 2)								
	Detailed Project Description								
_	Map Showing Property Locations, Boundaries, and Existing Conditions								
_	Property Management Plan Applicant Project Scoring Sheet								
	Property Acquisition Project Property Appraisal (property over \$200,000 requires two appraisals)								
	ification	,	11						
	tify that to the hest of my knowledge and helief information pro-	vided in this application	is true and complete						

Signature of Authorized Representative